

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4806 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?

Yes

✓ No

(CFA-4) **Summary Sheet**

	_		
FIL	E NI	JMB	ER

TOTAL PAGES IN ENTIRE CHA-4 REPORT

1. Full Name of Committee (as on Statement of Organization)	COMMITTEE INFORMATION				
2. Acronym or Abbreviated Name (if any) 4. Mailing Address (address where all campaign finance correspondence is received) 5. City, State, ZIP Code Indianapolis, IN 46236 CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (include any nickname) Dr. Leeandrea "Lee" Sloan 9. Office Sought (include district number, if any. Not required for exploratory committees) Marion County Coroner TYPE OF REPOR! CONVENTION GANDIDATES ONLY 11. Check one: Pre-Primary Pre-Election Annual Nomination Other FinalDisbands Committee (fines 18, 19, and 20 must be *97) Outgoing Tressurer (within 10 days amend Statement of Organization) 12. Reporting Period: From: 12/23/2015 Through: 12/31/2015 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and Joans, as well as cash contributions.) 15. Note these amounts include in-kind contributions and Joans, as well as cash contributions.) 15. Leminized 16. Party Affiliation (if applicable) Democrate Party 10. County of Residence Marion County 11. Check one: Pre-Primary Pre-Election Annual Nomination Other Pre-Primary Pre-Election Annual Pre-Primary Pre-Convention Post-Convention Post-Convention Post-Convention Post-Convention Post-Convention Post-Convention Post-Convention Post-Convention Post-Convention 11. Special Party Pre-Convention Post-Convention Post-	1.1 di riditio di Continuato la di Caracteria				
4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address 5931 Honeywell Drive 5. City, State, ZIP Code Indianapolis, IN 46236 CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (include any nickname) Dr. Leeandrea "Lee" Sloan 9. Office Sought (include district number, if any. Not required for exploratory committees) Marion County Coroner TYPE OF REPORI 11. Check one: Pre-Primary Pre-Stection Annual Nomination Other Pre-Primary Pre-Stection Annual Nomination Other From: 12/23/2015 Through: 12/31/2015 Through: 12/31/2015 Through: 12/31/2015 Through: 12/31/2015 Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15. Memizod (use Schedule A) 16. Unitemized 17. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES (Note: These amounts include in-kind contributions and loans repayments.) 17. At interized (use Schedule B) (Public Question: use Schedule C) 17. Lee and the proper of the received of the proper of t	Lee Sloan, M.D. for Marion County Coroner				{
4. Mailing Address (eddress where all campaign finance correspondence is received) 5. City, State, ZiP Code Indianapolis, IN 46236 CANDIDATE INFORMATION (For Cambidate & Committees Only) 7. Full Name of Candidate (Include any nickname) Dr. Leeandrea "Lee" Sloan 9. Office Sought (Include district number, if any. Not required for expforatory committee.) Marion County Coroner Type of Refort 11. Check one: Pre-Primary Pre-Election Annual Nomination Other Pre-Convention Post-Convention	2. Acronym or Abbreviated Name (if any) 3. Com				
5. City, State, ZIP Code Indianapolis, IN 46236 CANDIDATE INFORMATION (For Candidate's Committees Only) 7. Full Name of Candidate (Include any nickname) Dr. Leeandrea "Lee" Sloan 9. Office Sought (Include district number, if any. Not required for exploratory committee.) Marion County Coroner Type OF REPORI CONVENTION CANDIDATES ONLY 11. Check one: Pre-Primary Pre-Election Annual Nomination Other Finall/Disbands Committee (Include district number is a second of the process of the pre-Convention) 12. Reporting Period: From: 12/23/2015 Through: 12/31/2015 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 15b. Unitemized 15c. Add lines 15a and 15b in both columns EXPENDITURES (Note: These amounts include in-kind column a and lines 14 and 15c in Column B EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 0.00 0.00 0.00 0.00		نتسكك			
5. City, State, ZIP Code Indianapolis, IN 46236 CANDIDATE INFORMATION (For Candidate's Gommittees Only) 7. Full Name of Candidate (Include any nickname) Dr. Leeandrea "Lee" Sloan 9. Office Sought (Include district number, if any, Not required for exploratory committee.) Marion County Coroner TYPE OF REPORI 11. Check one: Pre-Primary Pre-Section Annual Nomination Other FinalDisbands Committee (Rece 18, 19, and 20 must be "0") Outgoing Tressurer (within 16 days amond Statement of Organization) 12. Reporting Period: From: 12/23/2015 Through: 12/31/2015 Through: 12/31/2015 COLUMN A This Ported CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15.8. Itemized (use Schedule A) 15.0. Unitemized 16. Add lines 13 and 15c in Column a and lines 14 and 15c in Column 8 EXPENDITURES (Note: These amounts include in-kind expenditures and loan repsyments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 0.00 0.00 0.00 0.00		Jneck if this	s is a new 8	100 10 55	Ì
CANDIDATE INFORMATION (For Cambridate's Committees Only) CANDIDATE INFORMATION (For Cambridate's Committees Only) 7. Full Name of Candidate (Include any nickname) 8. Party Affillation or if Independent Candidate Democrat					
TYPE OF REPORI Convenience (Include any nickname) See and the convenience of the con					
Dr. Leeandrea "Lee" Sloan 9. Office Sought (Include district number, if any. Not required for exploratory committee.) Marion County TYPE OF REPOR! CONVENTION GANDIDATES ONLY 11. Check one: Pre-Primary Pre-Election Annual Nomination Other Pre-Primary Pre-Election Annual Nomination Other Pre-Primary Pre-Election Annual Nomination Other Pre-Convention Post-Convention					
9. Office Sought (Include district number, if any. Not required for exploratory committee.) Marion County Coroner TYPE OF REPORT 11. Check one: Pre-Primary Pre-Election Annual Nomination Other Pre-Convention Post-Convention Po	7. Full Name of Candidate (Include any nickname)	8. Party			
Marion County Coroner TYPE OF REPORT CONVENTION CANDIDATES ONLY 11. Check one: Pre-Primary Pre-Election Annual Nomination Other Pre-Convention Pre-Convention	Dr. Leeandrea "Lee" Sloan				
TYPE OF REPORT 11. Check one: Pre-Primary Pre-Election Annual Nomination Other Pre-Primary Pre-Election Annual Nomination Other Pre-Primary Pre-Election Annual Nomination Other Pre-Convention Post-Convention		1	•		
11. Check one: Pre-Primary Pre-Election Annual Mornination Other Pre-Primary Pre-Election Annual Mornination Other Pre-Primary Pre-Election Annual Mornination Other Pre-Convention Past-Convention Past-Convention Reporting Period:		Mari	on Coun		
Through: 12/31/2015 Through:	TYPE OF REPORT				V CANDIDATES ONLY
Final/Disbands Committee (lines 18, 19, and 20 must be '07 Outgoing Treasurer (within 10 days amend Statement of Organization) 12. Reporting Period: From: 12/23/2015 Through: 12/31/2015 13. Cash on hand and investments at the beginning of this reporting period. 14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 1,000.00 1,000.00 1,000.00 1,000.00 1,000.00 1,000.00 1,140.10					antian
Trial/Disbands Committee (lines 18, 19, and 20 must be '0') Outgoing Treasurer (which is despired to organizately)					i
Through: 12/31/2015 Through: 12/31/2	Final/Disbands Committee (lines 18, 19, and 20 must be "0") Outgoing Treasurer (within 10 days amend Statement of Organization)				
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 15b. Unitemized 15c. Add lines 15a and 15b in both columns SUBTOTAL 15. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 0.00 0.00	12. Reporting Period: From: 12/23/2015 Through: 12/31/2015			Period	
CONTRIBUTIONS AND RECEIPTS (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 1,000.00 140.10 15b. Unitemized 15c. Add lines 15a and 15b in both columns SUBTOTAL 1,140.10 1,140.10 1,140.10 EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 0.00 0.00				0.00	0.00
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.) 15a. Itemized (use Schedule A) 15b. Unitemized 140.10 15b. Unitemized 15c. Add lines 15a and 15b in both columns 15c. Add lines 15a and 15b in both columns 15d. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B 15c. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B 15c. Add lines 15a and 15c in Column A and lines 14 and 15c in Column B 15c. Add lines 15a and 15c in Column A and lines 14 and 15c in Column B 15c. Add lines 15a and 15c in Column A and lines 14 and 15c in Column B 15c. Add lines 15a and 15c in Column A and lines 14 and 15c in Column B 15c. Add lines 15a and 15c in Column A and lines 14 and 15c in Column B 15c. Add lines 15a and 15b in both columns 15d.					00,0
15a. Itemized (use Schedule A) 1,000.00 1,000.00 15b. Unitemized 140.10 140.10 15c. Add lines 15a and 15b in both columns SUBTOTAL 1,140.10 1,140.10 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL 1,140.10 1,140.10 EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 0.00 0.00					
15b. Unitemized 15c. Add lines 15a and 15b in both columns 15c. Add lines 15a and 15b in both columns 15c. Add lines 15a and 15c in Column A and lines 14 and 15c in Column B 15c. Add lines 15a and 15c in Column A and lines 14 and 15c in Column B 15c. Add lines 15a and 15c in Column A and lines 14 and 15c in Column B 15c. Add lines 15a and 15b in both columns 15c. Add lines 15a and 15c in Columns 15c. Add lin				1,000,00	1,000.00
15c. Add lines 15a and 15b in both columns 15c. Add lines 15a and 15b in both columns 15c. Add lines 15a and 15b in both columns 15c. Add lines 15a and 15c in Column A and lines 14 and 15c in Column B 15c. Add lines 15a and 15b in both columns 15c. Add lines 15a and 15c in Column A and lines 14a and 15c in Column B 15c. Add lines 15a and 15c in Column A and lines 14a and 15c in Column B 15c. Add lines 15a and 15c in Column A and lines 14a and 15c in Column B 15c. Add lines 15a and 15c in Column A and lines 14a and 15c in Column B 15c. Add lines 15a and 15c in Column B 15c. Add lines 15a and 15c in Column B 15c. Add lines 15a and 15c in Column B 15c. Add lines 15a and 15c in Column B 15c. Add lines 15a an					
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 17b. Total 1,140.10 1,140.10 1,140.10 1,000 1,000					
EXPENDITURES (Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 0.00 0.00	C. Add lifes 10a and 10b in both solution				
(Note: These amounts include in-kind expenditures and loan repayments.) 17a. Itemized (use Schedule B) (Public Question: use Schedule C) 0.00 0.00	16. Aug lines 13 and 130 in Column A and lines 14 and 150 in Column A			11110110	,,,,,,,,,
17a. Itemized (use Schedule B) (Public Question: use Schedule C) 0.00 0.00					
				0.00	0.00
17b, Officering 20				0.10	0.10
17c. Add lines 17a and 17b in both columns SUBTOTAL 0.10 0.10	17c. Add lines 17a and 17b in both columns	STOTAL	-		
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL 1,140.00 1,140.00	18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL		1,140.00	1,140.00
19. Debts OWED BY the committee (use Schedule D) 0.00				0.00	
20. Debts OWED TO the committee (use Schedule E) 0.00				0.00	

	CERTIFICATION	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO T	HE BEST OF MY KNOWLEDGE AND BELIEF IT	IS TRUE, CORRECT AND COMPLETE
Signature of Treasurer	THEASIRER	Date 1/20/16
Signature of Canditlate (II applicable)		Date 1/20/16
WARNING: Any information contained in this report may not be files a fraudulent report commits a Class D felony. (IC 3-14-1	copied for sale or used for any commercial pure	courate report as required by the Indiana
Campaign Finance Law commits a Class B misdemeanor, (IC 3-	14-1-14) and may be subject to civil penalties. (I	C 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

Myla a Eldridge JAN 20 2018





REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE, Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

Page	1_	of	1_	<u>-</u>

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECTIVED RECEIVED BY
1. ALFIE BALLEW 5291 BOGEY DRIVE INDIANAPOLIS, IN 46236	Contributions: Direct In-Kind (describe)			12/30/2015
	Other Receipts: Interest Loan Misc. (specify)	\$1,000.00 	\$1,000.00	
Contributor's Occupation (if required)				
2.	Contributions: Direct In-Kind (describe)			
			}	130
	Other Receipts:			Sage of Agent
	Misc. (specify)		1	iş.
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			in the second se
	Other Receipts: Interest Loan Misc. (specify)			4
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$ 1,000.00		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$ 1,000.00		